



December, 2010

Texas Emissions Reduction Plan

Reimbursement Forms

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Texas Commission on Environmental Quality (TCEQ)
EMISSIONS REDUCTION INCENTIVE GRANTS (ERIG)

INSTRUCTIONS FOR REQUESTING REIMBURSEMENT ON YOUR GRANT

Use the attached forms to request reimbursement for eligible expenses. Before filing a Request for Reimbursement, you must have completed at least one grant Activity in the Contract. You must have paid the project expenses unless you are asking the TCEQ to make the payment directly to the company that supplied the equipment/services or to the financing company that paid for them. You must submit documentation of the expenses with your request. The documentation requirements are located in your Contract in the General Conditions Request for Reimbursement section. The same person who signed the contract must sign the Request for Reimbursement Form, or a person so authorized on page 4 of the original application. The forms submitted must contain original signatures.

HOW TO SUBMIT A REQUEST FOR REIMBURSEMENT

1) Fill out Form 1 - Request for Reimbursement

- A. **PAYMENTS TO YOU:** If you paid for the project costs from your own business, then payment may go directly to you. On Form 1 you will complete ONLY Boxes 1, 2, 3, and 5. In Box 2 - put the requested payment amount in the first box and the total amount of your Contract for all Activities in the next box. You must sign the Certification Statement on the form. If this is a **final request**, then sign the Release of Claims section.
- B. **PAYMENTS TO VENDOR OR FINANCE COMPANY (Assignments):** If you want the payment to go directly to the vendor or financing company, then you must complete all the information requested on Form 1. In Box 2 - put the requested payment amount in the first box and the total amount of your Contract for all Activities in the next box. Complete Boxes 3, 5 and 7. A representative of the company you want the payment to go to must complete Boxes 4 and 6. Both of you complete and sign the Notice of Assignment section. You must sign the Certification Statement on the form. If this is a final request, sign the Release of Claims section too. You must complete the Form AP-152 too. (**Note:** You may use payment assignments with short-term or long-term regular financing arrangements. You may not use payment assignments to pre-pay leasing arrangements.)

2) Fill out a Detailed Expense Summary Form for each Activity that you are requesting a payment for. Use this form to calculate the payment you are eligible to receive for the activity.

There is a Detailed Expense Summary Form for each type of Activity (i.e., Form 2c Retrofit, Form 2d New Purchase, etc.). Each form requires an Activity number. The Activity numbers are in your Contract on the Approved Application Summary page.

Fill out the Detail Expense Summary for each activity using the instructions on the form. Sample forms are included for reference. Attach the required documentation behind each form. REMEMBER - WE CANNOT PROCESS A PAYMENT UNTIL YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION.

3) Mail the completed forms and the required documentation to the address below. Forms must have original signatures where required.

MAILING INSTRUCTIONS

It is **VERY IMPORTANT** that all of the information listed below be included on your mailing label to ensure the Request goes to the correct office.

Mail or deliver the request to:

Standard Mail

Texas Commission on Environmental Quality
Air Quality Division
Implementation Grants Section, MC-204
P.O. Box 13087
Austin, TX 78711-3087

Express Delivery

Texas Commission on Environmental Quality
Air Quality Division
Implementation Grants Section, MC-204
12100 Park 35 Circle
Austin, TX 78753

Texas Commission on Environmental Quality

Texas Emission Reduction Plan (TERP)

FORM 1: Request for Reimbursement

TCEQ Contract Number	1. Final Request			2. Total Amount Requested		Total Grant Award
	Yes		No			
3. GRANTEE / Grant Recipient (Name and address, including ZIP code for payment)				4. ASSIGNEE / Business Receiving Payment (If applicable) (Name and address, including ZIP code for payment)		
5. Grant Recipient Identification Number (SSN or FEI #)				6. Assignee Federal Employer Identification Number (FEI #)		
7. Are the requested payments assigned to a third party (assignee)?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>To assign payment, complete the Notice of Assignment section below.</i> <i>The Notice of Assignment must be signed by both the grant recipient and the assignee (business receiving payment).</i>						
NOTICE OF ASSIGNMENT						
<p>I, , by this document hereby provide notice to the Texas Commission on Environmental Quality (TCEQ) of the assignment to the (Assignee) of the payments not to exceed \$ (thousand hundred dollars and cents) for reimbursement of the eligible costs of purchases from the Assignee under the contract executed between and the TCEQ for award of an Emissions Reduction Incentive or Rebate Grant. Upon our submission of the required reimbursement forms and other reporting forms, please forward the payments to the Assignee.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <u>GRANT RECIPIENT</u> <u>ASSIGNEE (Business Receiving Payment)</u> </div>						
Signature _____				Signature _____		
Date _____				Date _____		
Printed Name and Title of Person Authorized in Grant Application				Printed Name and Title of Authorized Representative		
CERTIFICATION STATEMENT						
I certify to the best of my knowledge and belief that the data on this request, including the data provided in the attached Detailed Expense Summaries, are correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award document.						
Grant Recipient Signature:				Date:		
Printed Name and Title of Person Authorized in Grant Application				Telephone Number:		
RELEASE OF CLAIMS						
(If this is the FINAL request for reimbursement, sign the release of claims below.)						
Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ and its officers, agents, and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient.						
<u>(SIGN THIS SECTION IF THIS IS THE FINAL PAYMENT REQUEST AND BOX 1 IS CHECKED YES)</u>						
Grant Recipient Signature:				Date:		

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

SAMPLE FORM 1: Request for Reimbursement

TCEQ Contract Number	1. Final Request	2. Total Amount Requested	Total Grant Award
582-11-XXXX-XXXX	Yes <input type="checkbox"/> X No <input type="checkbox"/>	\$ 145,000.00	\$ 150,000.00
3. GRANTEE / Grant Recipient (Name and address, including ZIP code for payment)		4. ASSIGNEE / Business Receiving Payment (If applicable) (Name and address, including ZIP code for payment)	
Name as It Appears on Grant		Legal Name of Business Receiving Payment	
Attn:		Attn: Person Authorized to Receive the Funds	
Grantee's Mailing Address as in Application		Address Where Payment is to be Mailed	
City, State Zip		City, State Zip	
5. Grant Recipient Identification Number (SSN or FEI #)		6. Assignee Federal Employer Identification Number (FEI #)	
Same Number Used in Application		Business Receiving Payment FEI #	
7. Are the requested payments assigned to a third party (assignee)?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>To assign payment, complete the Notice of Assignment section below.</i> <i>The Notice of Assignment must be signed by both the grant recipient and the assignee (business receiving payment).</i>			
NOTICE OF ASSIGNMENT			
<p>I, <u> Name, Title </u>, by this document hereby provide notice to the Texas Commission on <small>Person Authorized in Grant Application</small> Environmental Quality (TCEQ) of the assignment to the <u> Legal Name of Business Receiving Payment </u> (Assignee) of the <small>Legal Name of Business Receiving Payment</small> payments not to exceed \$ <u> 145,000.00 </u> (<u> one hundred forty-five </u> thousand <u> No </u> hundred <u> No </u> dollars and <u> No </u> cents) for reimbursement of the eligible costs of purchases from the Assignee under the contract executed between <u> Grantee </u> and the TCEQ for award of <small>Grantee (Name on Grant Contract)</small> an Emissions Reduction Incentive Grant. Upon our submission of the required reimbursement forms and other reporting forms, please forward the payments to the Assignee.</p> <p style="text-align: center;"><u>GRANT RECIPIENT</u> <u>ASSIGNEE (Business Receiving Payment)</u></p>			
Signature Date		Signature Date	
Printed Name and Title (must be a person authorized in the grant application)		Printed Name and Title of an Authorized Representative of the Business Receiving the Payment	
Printed Name and Title of Person Authorized in Grant Application		Printed Name and Title of Authorized Representative	
CERTIFICATION STATEMENT			
I certify to the best of my knowledge and belief that the data on this request, including the data provided in the attached Detailed Expense Summaries, are correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award document.			
Grant Recipient Signature:		Date:	
Printed Name and Title (must be a person authorized in the grant application)		Telephone Number: ()	
Printed Name and Title of Person Authorized in Grant Application			
RELEASE OF CLAIMS			
(If this is the FINAL request for reimbursement, sign the release of claims below.)			
Subject to receiving all reimbursement due and payable to date, the recipient hereby releases all claims against the TCEQ and its officers, agents, and employees from any and all claims arising under or by virtue of the TCEQ's contract with the recipient. (SIGN THIS SECTION IF THIS IS THE FINAL PAYMENT REQUEST AND BOX 1 IS CHECKED YES)			
Grant Recipient Signature: (must be signed if this is a final request)		Date:	

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

• See instructions on back

For Comptroller's use only

1. Is this a new account? ☐ YES Mail Code 000 ☐ NO Enter Mail Code _____ Agency number _____
 Complete Sections 1 - 5 Complete Sections 1, 2 & 5

SECTION 1

2. **TEXAS IDENTIFICATION NUMBER (TIN)** - Indicate the type of number you are providing to be used for your TIN

- ☐ 1 - Employer Identification Number (EIN)
☐ 2 - Social Security number (SSN)
☐ 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)

Enter the number indicated

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?

- ☐ YES ☐ NO If "YES," enter Texas Taxpayer Number _____

SECTION 2

PAYEE INFORMATION (Please type or print)

4. Name of payee (Individual or business to be paid)

5. Mailing address where you want to receive payments

6. (Optional)

7. (Optional)

8. (Optional)

9. City _____ State _____ ZIP Code _____

10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____

SECTION 3

11. **OWNERSHIP CODES** - Check only one code by the appropriate ownership type that applies to you or your business.

- ☐ I - Individual Recipient (not owning a business)

- ☐ L - Texas Limited Partnership:
 If checked, enter the Texas File Number _____

- ☐ S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)

- ☐ T - Texas Corporation:
 If checked, enter the Texas File Number _____

Owner's name _____

SSN

2

- ☐ A - Professional Association:
 If checked, enter the Texas File Number _____

- ☐ P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).

- ☐ C - Professional Corporation:
 If checked, enter the Texas File Number _____

Name _____

SSN/EIN

Name _____

SSN/EIN

- ☐ O - Out-of-State Corporation

- ☐ G - Governmental Entity

- ☐ U - State agency / University

- ☐ F - Financial Institution

- ☐ R - Foreign (out of U.S.A.)

- ☐ N - Other: If checked, explain. _____

SECTION 4

12. **Payment Assignment?** ☐ YES ☐ NO *Note: A copy of the assignment agreement between payees must be attached.*

Assignee name _____

Assignee TIN _____

Assignment date _____

SECTION 5

13. Comments _____

Authorized signature (Applicant or authorized agent)

Date

14. **sign here**

Agency name

Prepared by

Phone (Area code and number)

15. _____

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

USE THIS FORM IF YOU WANT THE TCEQ TO PAY YOUR VENDOR OR FINANCING COMPANY

	1. Is this a new account?	<input type="checkbox"/> YES Mail Code 000 Complete Sections 1 - 5	<input type="checkbox"/> NO Enter Mail Code _____ Complete Sections 1, 2 & 5	Agency number _____	
SECTION 1	2. TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are providing to be used for your TIN				
	<input checked="" type="checkbox"/> 1 - Employer Identification Number (EIN)		Enter the number indicated Grantee's SSN/FEI# (per application)		
	<input type="checkbox"/> 2 - Social Security number (SSN) <input type="checkbox"/> 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)				
	3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number _____				
SECTION 2	PAYEE INFORMATION (Please type or print)				
	4. Name of payee (Individual or business) LEGAL NAME of the BUSINESS RECEIVING PAYMENT				
	5. Mailing address where you want to receive payment Assignee for: (GRANTEE'S NAME ON THE CONTRACT)				
	6. (Optional) MAILING Address Where Payment Is to be Mailed				
	7. (Optional) _____				
	8. (Optional) _____				
	9. City City TX TX ZIP Zip Code				
	10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code _____ (0, 1, 2) Zone code _____				
	11. OWNERSHIP CODES - Check only one code by the appropriate ownership type that applies to you or your business.				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name _____ SSN 2 _____ <input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name _____ SSN/EIN _____ Name _____ SSN/EIN _____ <input type="checkbox"/> N - Other: If checked, explain. _____ </div> <div style="width: 48%;"> <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____ <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____ <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.) </div> </div>				
SECTION 4	12. Payment Assignment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: A copy of the assignment agreement between payees must be attached.				
	Assignee name LEGAL NAME of the BUSINESS RECEIVING PAYMENT Assignee TIN FEI # of BUSINESS REC'G PYMT Assignment date Date				
SECTION 5	13. Comments _____				
	14. Signed by Grantee (or Authorized Signer in the Contract) Date Date Signed by Grantee				
	15. Agency name _____ Prepared by _____ Phone (Area code and number) _____				

You may complete this form on the computer by going to www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf

NOTE: ONLY THOSE BOXES WITH ENTRIES IN THEM NEED BE COMPLETED

**Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)**

FORM 2c: Retrofit Activity -- Detailed Expense Summary

A FORM 2c WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER
		Yes	No	
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$ -
2. ACTUAL INCREMENTAL COST CALCULATION				
<p style="text-align: center;">The following list identifies the reimbursable and non-reimbursable costs to assist in completing the section below.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>• <u>Reimbursable Expenses:</u></p> <p>Costs that may be reimbursed, subject to approval by the TCEQ, include:</p> <ol style="list-style-type: none"> 1. Invoice cost of the retrofit or add-on devices, including sales tax and delivery charges. 2. Associated supplies directly related to the installation of the device. 3. Install costs. 4. Re-engineering costs, if the vehicle or equipment must be modified for the retrofit or add-on devices to be installed and used. </div> <div style="width: 48%;"> <p>• <u>Non-Reimbursable Expenses:</u></p> <ol style="list-style-type: none"> 1. Expenses for in-house labor and travel. 2. Expenses not directly related to the purchase and installation of the retrofit kit. 3. Ancillary repair and rebuild costs (unless approved in application). 4. Long-term operational, maintenance, or repair costs. 5. Interest expense or loan fees, application assistance, and/or consulting fees. </div> </div> <p style="text-align: center; font-size: small;">The final invoices or sales receipts should total to the amounts entered on Lines A, B, and C below. The retrofit work must be completed and the vehicle placed back in service before reimbursement can be requested.</p>				
A. Capital Cost -- Equipment and Installation:				
1. Retrofit System -- Invoice cost of system, including taxes, duty, protective in-transit insurance and freight charges.				\$ -
				(+ ADD)
2. Additional Equipment -- Invoice cost of additional equipment with a per unit acquisition cost of \$5,000 or more and is necessary for the completion of the retrofit.				\$ -
				(+ ADD)
3. Installation -- Installation costs, including costs to re-engineer the vehicle for the retrofit to fit. Technical design, testing and other engineering services required as part of the installation work should also be listed under this subcategory.				\$ -
				(+ ADD)
4. Misc. Supplies -- Invoice cost of equipment and materials not included as part of the retrofit system itself with an acquisition cost of less than \$5,000 that are necessary for the retrofit.				\$ -
				(+ ADD)
B. Other: Global Positioning System (GPS) -- Purchase and Installation are optional.				\$ -
The cost to purchase and install a GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must be purchased from the vendor authorized and contracted with the TCEQ.				(-- SUBTRACT)
C. List the value of any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants or any other public financial assistance:				\$ -
This does not include the amount you finance through a bank or other third-party to purchase equipment.				
				(A1+A2+A3+A4+B--C=D)
D. ACTUAL INCREMENTAL COST FOR THIS ACTIVITY (A1 + A2 + A3 + A4 + B -- C = D)				\$ -
3. REIMBURSEMENT AMOUNT REQUESTED (lesser of Line 1 or Line 2D)				\$ -
4. DOCUMENTATION / Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u>				
Please check the following documentation items that you are submitting with this request of reimbursement				
<div style="display: flex; justify-content: space-around; font-size: small;"> <u>Purchase Documentation</u> <u>Payment Documentation</u> <u>Financial Documentation</u> </div>				
Invoice(s)	Copies of Canceled Checks	Financial Agreement		
Bill of Sale (Sales Contract)	Wire Transfer	Lease Agreement		
5. Enter below the information about the NEW equipment purchased and the engine rebuild (if applicable).				
Vehicle or engine the retrofit/add-on technology is installed on.	Description of the retrofit/add-on technology, manufacturer, kit number or other identifying information	Date <u>NEW</u> equipment placed into service	Was the engine rebuilt in conjunction with the retrofit or add-on (Yes/No)	
			Are the rebuilt cost included in the incremental cost reported above? (Yes/No)	

**Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)**

SAMPLE FORM 2c: Retrofit Activity -- Detailed Expense Summary

A FORM 2c WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES

CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity	ACTIVITY NUMBER
582-11-XXXXX-XXXX	GRANTEE NAME as on the Contract	Yes <input type="checkbox"/> X No <input type="checkbox"/>	002

1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION	\$ 100,000.00
--	----------------------

2. ACTUAL INCREMENTAL COST CALCULATION	
<p style="text-align: center;">The following list identifies the reimbursable and non-reimbursable costs to assist in completing the section below.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>• <u>Reimbursable Expenses:</u></p> <p>Costs that may be reimbursed, subject to approval by the TCEQ, include:</p> <ol style="list-style-type: none"> Invoice cost of the retrofit or add-on devices, including sales tax and delivery charges. Associated supplies directly related to the installation of the device. Install costs. Re-engineering costs, if the vehicle or equipment must be modified for the retrofit or add-on devices to be installed and used. </div> <div style="width: 48%;"> <p>• <u>Non-Reimbursable Expenses:</u></p> <ol style="list-style-type: none"> Expenses for in-house labor and travel. Expenses not directly related to the purchase and installation of the retrofit kit. Ancillary repair and rebuild costs (unless approved in application). Long-term operational, maintenance, or repair costs. Interest expense or loan fees, application assistance, and/or consulting fees. </div> </div> <p style="text-align: center; font-size: small;">The final invoices or sales receipts should total to the amounts entered on Lines A, B, and C below. The retrofit work must be completed and the vehicle placed back in service before reimbursement can be requested.</p>	
A. Capital Cost -- Equipment and Installation:	
1. Retrofit System-- Invoice cost of system, including taxes, duty, protective in-transit insurance and freight charges.	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ 70,000.00</div> <div style="text-align: center; font-size: small;">(+ ADD)</div>
2. Additional Equipment-- Invoice cost of additional equipment with a per unit acquisition cost of \$5,000 or more and is necessary for the completion of the retrofit .	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ 7,500.00</div> <div style="text-align: center; font-size: small;">(+ ADD)</div>
3. Installation-- Installation costs, including costs to re-engineer the vehicle for the retrofit to fit. Technical design, testing and other engineering services required as part of the installation work should also be listed under this subcategory.	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ 25,000.00</div> <div style="text-align: center; font-size: small;">(+ ADD)</div>
4. Misc. Supplies-- Invoice cost of equipment and materials not included as part of the retrofit system itself with an acquisition cost of less than \$5,000 that are necessary for the retrofit.	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ 2,500.00</div> <div style="text-align: center; font-size: small;">(+ ADD)</div>
B. Other - Global Positioning System (GPS)-- Purchase and Installation are optional.	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ 630.30</div> <div style="text-align: center; font-size: small;">(-- SUBTRACT)</div>
C. List the value of any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants or any other public financial assistance: <small>This does not include the amount you finance through a bank or other third-party to purchase equipment.</small>	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ -</div>
(A1+A2+A3+A4+B--C=D)	
D. ACTUAL INCREMENTAL COST FOR THIS ACTIVITY (A1 + A2 + A3 + A4 + B -- C = D)	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">\$ 105,630.30</div>

3. REIMBURSEMENT AMOUNT REQUESTED (lesser of Line 1 or Line 2D)	\$ 100,000.00
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4. DOCUMENTATION / Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u>		
Please check the following documentation items that you are submitting with this request of reimbursement		
<u>Purchase Documentation</u>	<u>Payment Documentation</u>	<u>Financial Documentation</u>
<div style="border: 1px solid black; background-color: yellow; padding: 2px;">X</div>	<div style="border: 1px solid black; background-color: yellow; padding: 2px;">X</div>	<div style="border: 1px solid black; background-color: yellow; padding: 2px;"></div>
Invoice(s)	Copies of Canceled Checks	Financial Agreement
Bill of Sale (Sales Contract)	Wire Transfer	Lease Agreement

5. Enter below the information about the NEW equipment purchased and the engine rebuild (if applicable).			
Vehicle or engine the retrofit/add-on technology is installed on.	Description of the retrofit/add-on technology, manufacturer, kit number or other identifying information	Date NEW equipment placed into service	Was the engine rebuilt in conjunction with the retrofit or add-on (Yes/No)
Vehicle: make, model, model year and VIN	Description of Kit and any ID numbers or information used to identify retrofit technology	MM/DD/YY (first day equipment is used for work)	Refer to the original application
Engine: Make, model, model year and serial number			Are the rebuilt cost included in the incremental cost reported above? (Yes/No)
			Refer to the original application

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

FORM 2d: New Purchase Activity -- Detailed Expense Summary

A FORM 2d WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER
		Yes	No	
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$ -
2. ACTUAL INCREMENTAL COST CALCULATION (Formula A -- B -- C = D)				
A. Capital Cost -- Equipment Purchase:				\$ -
<i>Invoice cost or cash basis for the lease cost of the vehicle, including taxes, duty, protective in transit insurance and freight charges.</i>				(+ ADD)
B. Other: Global Positioning Systems (GPS): Purchase & Installation are optional				\$ -
<i>Enter the cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCFO.</i>				(-- SUBTRACT)
C. Price estimate for the baseline vehicle (including taxes and fees):				\$ -
				(-- SUBTRACT)
D. List the value of and explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance:				\$ -
<i>This does not include the amount you finance through a bank or other third-party to purchase the equipment</i>				
				(A + B -- C -- D = E)
E. Incremental Cost of New Purchase (A + B -- C -- D = E)				\$ -
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount Line 1 or Line 2E)				\$ -
4. DOCUMENTATION - Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Terms and conditions for details). A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the following documentation items that you are submitting with this request of reimbursement.				
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>
<input type="checkbox"/> Invoice(s)	<input type="checkbox"/> Copies of Canceled Checks	<input type="checkbox"/> Financial Agreement		
<input type="checkbox"/> Bill of Sale (Sales Contract)	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Lease Agreement		
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Because this is a reimbursement program, any financing or leasing plan will need to have an up-front payment that is at least equal to the total grant amount requested.) CHECK ONE				
Purchase:	<input type="checkbox"/> Cash Purchase <input type="checkbox"/> Regular Financing <input type="checkbox"/> Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.			
Lease:	<input type="checkbox"/> Equipment will be returned at the end of the lease. The lease must extend for at least the Activity Life.			
Explain the terms of the purchase or lease agreement, including amount financed, the length (months), and amount per payment below:				
Note: The grant may only be used to reimburse principle or lease payments already made (and not including interest or finance charges) and/or up-front down payments on the purchase or lease. Your grant reimbursements may not be used to pre-pay future lease or finance payments.				
Enter below the information about the NEW vehicle or equipment and engine purchased:				
Equipment manufacturer, model, model year, and VIN or serial number	Engine manufacturer, model, model year, and serial number	Engine Test Group (Family Code) 12 digit alphanumeric found on engine s/n plate	Date NEW vehicle or equipment is placed in service	

**Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)**

SAMPLE FORM 2d: New Purchase Activity - Detailed Expense Summary

**** A FORM 2d WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES ****						
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity			ACTIVITY NUMBER	
582-XX-XXXX-XXXX	GRANTEE NAME as on the Contract	Yes	X	No	005	
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION					\$ 110,000.00	
2. ACTUAL INCREMENTAL COST CALCULATION (Formula A -- B -- C = D)						
A. Capital Cost -- Equipment Purchase:					\$ 199,369.70	
Invoice cost or cash basis for the lease cost of the vehicle, including taxes, duty, protective in transit insurance and freight charges.					(+ ADD)	
B. Other: Global Positioning Systems (GPS)--Purchase & Installation are optional					\$ 630.30	
Enter the cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCFO.					(-- SUBTRACT)	
C. Price estimate for the baseline vehicle (including taxes and fees):					\$ 100,000.00	
					(-- SUBTRACT)	
D. List the value of and explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance:					\$ -	
This does not include the amount you finance through a bank or other third-party to purchase the equipment						
					(A + B -- C -- D = E)	
E. Incremental Cost of New Purchase (A + B -- C -- D = E)					\$ 100,000.00	
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount Line 1 or Line 2E)					\$ 100,000.00	
4. DOCUMENTATION - Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Terms and conditions for details). A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.						
Please check the following documentation items that you are submitting with this request of reimbursement.						
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>		
X	Invoice(s)	X	Copies of Canceled Checks	X	Financial Agreement	
X	Bill of Sale (Sales Contract)		Wire Transfer		Lease Agreement	
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Because this is a reimbursement program, any financing or leasing plan will need to have an up-front payment that is at least equal to the total grant amount requested.) CHECK ONE						
Purchase:	<input type="checkbox"/> Cash Purchase <input checked="" type="checkbox"/> Regular Financing <input type="checkbox"/> Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.					
Lease:	<input type="checkbox"/> Equipment will be returned at the end of the lease. The lease must extend for at least the Activity Life.					
Explain the terms of the purchase or lease agreement, including amount financed, the length (months), and amount per payment below:						
Paid \$30,000.00 down and financed the remaining balance of \$170,000.00 for 72 months with payments of \$3,149.39 per month. Interest rate = 10%. See attached copy of the finance agreement.						
Note: The grant may only be used to reimburse principle or lease payments already made (and not including interest or finance charges) and/or up-front down payments on the purchase or lease. Your grant reimbursements may not be used to pre-pay future lease or finance payments.						
Enter below the information about the NEW vehicle/equipment and engine purchased:						
Equipment manufacturer, model, model year, and VIN or serial number	Engine manufacturer, model, model year, and serial number	Engine Test Group (Family Code) 12 digit alphanumeric found on engine s/n plate		Date NEW vehicle or equipment is placed in service		
Make Model Model Year VIN or S/N	Make Model Model Year VIN or S/N	Example Format (1#) (4 Alpha) (3#.#) (3 Alpha)		MM/DD/YY (First day used for work)		

Texas Commission on Environmental Quality

Texas Emissions Reduction Plan (TERP)

FORM 2e: Refueling Infrastructure and On-Site Electrification & Idle Reduction Infrastructure,

Detailed Expense Summary

A FORM 2e WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES						
TCEQ CONTRACT NUMBER		GRANT RECIPIENT NAME		ACTIVITY FINAL REQUEST		ACTIVITY NUMBER
				Yes	No	
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION					\$	-
2. FINANCIAL STATUS REPORT						
Expense Category		(A) Approved Category Amounts Per Application	(B) Actual Costs Expended For This Activity	% Over or -Under <small>See Note 2.a below</small>		
a. Total Equipment Expenses (Add)		\$ -	\$ -	#DIV/0!		
b. Total Supply Expenses (Add)		\$ -	\$ -	#DIV/0!		
c. Total Contractual Expenses (Add)		\$ -	\$ -	#DIV/0!		
d. Total Construction Expenses (Add)		\$ -	\$ -	#DIV/0!		
e. Total Other Expenses (Add)		\$ -	\$ -	#DIV/0!		
f. Financial Assistance (Subtract)		\$ -	\$ -	#DIV/0!		
TOTAL ELIGIBLE COSTS (A + B + C +D + E -- F)		\$ -	\$ -			
Maximum Reimbursable Amount 50% (Multiply by 50%)		\$ -	\$ -			
TOTAL GRANT AMOUNT REQUESTED		\$ -	\$ -			
2.a IF ANY LINE'S PERCENTAGE IS HIGHER THAN 10%, STOP HERE AND CONTACT PROJECT MANAGER ABOUT AN AMENDMENT TO THE CONTRACT						
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount of Total Column (A) or (B)					\$	-
TOTAL COST MUST BE ITEMIZED BY AN INVOICE AND PAYMENT DOCUMENTATION (i.e.copy of cancelled checks or wire transfers)						
4. COSTS TO BE COVERED BY APPLICANT:						
<small>(List and explain any costs in the Total Project Costs for the infrastructure purchase and installation that were covered directly by the grantee but not included in the Eligible Costs above)</small>						
5. What is the total cost of this project, including eligible grant expense?					\$	-
6. .DOCUMENTATION -- attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). <u>A PAYMENT MAY NOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u>						
Please check the following documentation items that you are submitting with this request of reimbursement						
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>		
Invoice(s)		Copies of Canceled Checks		Financial Agreement		
Bill of Sale (Sales Contract)		Wire Transfer		Lease Agreement		
7. Enter the date the infrastructure is placed in service						

Texas Commission on Environmental Quality

Texas Emissions Reduction Plan (TERP)

FORM 2e: Refueling Infrastructure, On-Site Electrification & Idle Reduction Infrastructure

Detailed Expense Summary - Supplemental Forms

(All invoices submitted should be itemized at least to the level of detail explained below.)

a. EQUIPMENT AND OTHER CAPITAL EXPENDITURES:

(1) Infrastructure system, including sales tax and delivery charges.

(Attach invoices and cancelled checks)

(2) Additional materials necessary for the installation of the system, including sales tax and delivery charges (explain below):

(attach invoices and cancelled checks)

(3) Installation costs if included as part of the equipment purchase:

(attach invoices & cancelled checks)

(4) Other related items (over \$5,000 per unit cost), and materials that are a necessary part of the work (Itemize below):

(attach invoices and cancelled checks)

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

b. SUPPLIES:

(1) Supplies and incidental items. Supplies include goods and materials having a unit acquisition cost (including sales tax and delivery charges of under \$5,000 (Itemize below):
(attach invoices and cancelled checks)

c. CONTRACTUAL:

(1) Include re-engineering work, installation costs, and other work, if contracted out by the applicant separate from the equipment and installation purchase agreement (Itemize below):
(attach invoices and cancelled checks)

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d. CONSTRUCTION:

(1) Include work directly related to the installation of the infrastructure, including the costs to prepare and improve the site to accommodate the infrastructure. This may include the enhancement of current facilities or building new facilities. (Itemize below) In house-labor and travel are not eligible for funding.

(Attach invoices and cancelled checks)

e. OTHER:

(1) Explain in detail other costs that do not fit within the previous categories. The costs must be directly related to the purchase and installation of the infrastructure. Long-term operational, maintenance, or repair costs are not eligible for funding. (Itemize below).

(Attach invoices and cancelled checks)

f. FINANCIAL ASSISTANCE:

List the value of and explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance. (Itemize below.)

Texas Commissions on Environmental Quality

Texas Emissions Reduction Plan (TERP)

SAMPLE FORM 2e: Refueling Infrastructure and On-Site Electrification & Idle Reduction Infrastructure,

Detailed Expense Summary

A FORM 2e WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES						
TCEQ CONTRACT NUMBER	GRANT RECIPIENT NAME	ACTIVITY FINAL REQUEST				ACTIVITY NUMBER
582-11-XXXXX-XXXX	GRANTEE NAME as on the Contract	Yes	X	No		001
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION					\$	100,000.00
2. FINANCIAL STATUS REPORT						
Expense Category	(A) Approved Category Amounts Per Application	(B) Actual Costs Expended For This Activity			% Over or -Under <small>See Note 2.a below</small>	
a. Total Equipment Expenses (Add)	\$ 100,000.00	\$	105,000.00		5.00%	
b. Total Supply Expenses (Add)	\$ 20,000.00	\$	20,000.00		0.00%	
c. Total Contractual Expenses (Add)	\$ 50,000.00	\$	50,000.00		0.00%	
d. Total Construction Expenses (Add)	\$ 10,000.00	\$	11,000.00		1.00%	
e. Total Other Expenses (Add)	\$ 20,000.00	\$	18,000.00		-2.00%	
f. Financial Assistance (Subtract)	\$ -	\$	-		0.00%	
TOTAL ELIGIBLE COSTS (A + B + C +D + E -- F)	\$ 200,000.00	\$	204,000.00			
Maximum Reimbursable Amount 50% (Multiply by 50%)	\$ 100,000.00	\$	102,000.00			
TOTAL GRANT AMOUNT REQUESTED	\$ 100,000.00	\$	102,000.00			
2.a IF ANY LINE'S PERCENTAGE IS HIGHER THAN 10%, STOP HERE AND CONTACT PROJECT MANAGER ABOUT AN AMENDMENT TO THE CONTRACT						
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount of Total Column (A) or (B)					\$	100,000.00
TOTAL COST MUST BE ITEMIZED BY AN INVOICE AND PAYMENT DOCUMENTATION (i.e.copy of cancelled checks or wire transfers)						
4. COSTS TO BE COVERED BY APPLICANT:						
<small>(List and explain any costs in the Total Project Costs for the infrastructure purchase and installation that were covered directly by the grantee but not included in the Eligible Costs above)</small>						
5. What is the total cost of this project, including eligible grant expense?					\$	102,000.00
6. .DOCUMENTATION -- attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). <u>A PAYMENT MAY NOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u>						
Please check the following documentation items that you are submitting with this request of reimbursement						
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>		
X	Invoice(s)	X	Copies of Canceled Checks		Financial Agreement	
	Bill of Sale (Sales Contract)		Wire Transfer		Lease Agreement	
7. Enter the date the infrastructure is placed in service					MM/DD/YY	

**Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)**

FORM 2f: On-Vehicle Electrification & Idle Reduction Infrastructure -- Detailed Expense Summary

A FORM 2f WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES					
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER	
		Yes	No		
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION					\$ -
2. ACTUAL INCREMENTAL COST CALCULATION					
A. Capital Cost -- Equipment and Installation:					
1. Infrastructure System: Invoice cost of system, including taxes, duty, protective in transit insurance and freight charges.					\$ -
					(+ ADD)
2. Additional Equipment: Invoice cost of additional equipment with a per unit acquisition cost of \$5,000 or more and is necessary for the completion of the activity.					\$ -
					(+ ADD)
3. Installation: Installation costs, including costs to re-engineer the vehicle for the retrofit to fit. Technical design, testing and other engineering services required as part of the installation work should also be listed under this subcategory.					\$ -
					(+ ADD)
4. Misc. Supplies: Invoice cost of equipment and materials not included as part of the retrofit system itself with an acquisition cost of less than \$5,000 that are necessary for the retrofit.					\$ -
					(+ ADD)
B. Other - Global Positioning System (GPS): Purchase/Installation Optional.					\$ -
<i>The cost to purchase and install a GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must be purchased from the vendor authorized and contracted with the TCEQ.</i>					(-- SUBTRACT)
C. List the value of any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants or any other public financial assistance:					\$ -
This does not include the amount you finance through a bank or other third-party to purchase equipment.					
					(A1+A2+A3+A4+B--C=D)
D. ACTUAL INCREMENTAL COST FOR THIS ACTIVITY (A1 + A2 + A3 + A4 + B --C = D)					\$ -
3. REIMBURSEMENT AMOUNT REQUESTED (lesser of Line 1 or Line 2D)					\$ -
4. DOCUMENTATION - Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). <u>A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u>					
Please check the following documentation items that you are submitting with this request of reimbursement					
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>	
	Invoice(s)		Copies of Canceled Checks		Financial Agreement
	Bill of Sale (Sales Contract)		Wire Transfer		Lease Agreement
5. Enter below the information about the NEW equipment purchased and the engine rebuild (if applicable).					
Vehicle APU Is Installed On (model year, make, model, VIN)	Vehicle Engine (model year, make, model, serial #, engine test group (family code))	Auxillary Power Unit (APU) (model year, make, model, serial number & engine test group (family code))	Has the APU been installed? (Yes or No) Date Placed In Service		

**Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)**

SAMPLE FORM 2f: On-Vehicle Electrification & Idle Reduction Infrastructure - Detailed Expense Summary

A FORM 2f WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER
582-11-XXXX-XXXX	GRANTEE NAME as on the Contract	Yes	X	No
				001
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$ 15,000.00
2. ACTUAL INCREMENTAL COST CALCULATION				
A. Capital Cost -- Equipment and Installation:				
1. Infrastructure System: Invoice cost of system, including taxes, duty, protective in transit insurance and freight charges.				\$ 11,500.00
				(+ ADD)
2. Additional Equipment: Invoice cost of additional equipment with a per unit acquisition cost of \$5,000 or more and is necessary for the completion of the activity.				\$ -
				(+ ADD)
3. Installation: Installation costs, including costs to re-engineer the vehicle for the retrofit to fit. Technical design, testing and other engineering services required as part of the installation work should also be listed under this subcategory.				\$ 2,500.00
				(+ ADD)
4. Misc. Supplies: Invoice cost of equipment and materials not included as part of the retrofit system itself with an acquisition cost of less than \$5,000 that are necessary for the retrofit.				\$ 400.00
				(+ ADD)
B. Other - Global Positioning System (GPS): Purchase/Installation Optional.				\$ 630.30
<i>The cost to purchase and install a GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must be purchased from the vendor authorized and contracted with the TCEQ.</i>				
				(-- SUBTRACT)
C. List the value of any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants or any other public financial assistance: This does not include the amount you finance through a bank or other third-party to purchase equipment.				\$ -
				(A1+A2+A3+A4+B--C=D)
D. ACTUAL INCREMENTAL COST FOR THIS ACTIVITY (A1 + A2 + A3 + A4 + B -- C = D)				\$ 15,030.30
3. REIMBURSEMENT AMOUNT REQUESTED (lesser of Line 1 or Line 2D)				\$ 15,000.00
4. DOCUMENTATION -- Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). <u>A. PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</u>				
Please check the following documentation items that you are submitting with this request of reimbursement				
Purchase Documentation		Payment Documentation		Financial Documentation
X	Invoice(s)	X	Copies of Canceled Checks	
	Bill of Sale (Sales Contract)		Wire Transfer	
				Lease Agreement
5. Enter below the information about the NEW equipment purchased and the engine rebuild (if applicable).				
Vehicle APU Installed In (model year, make, model, VIN)	Vehicle Engine (model year, make, model, serial #, engine test group (family code)	Auxiliary Power Unit (APU) (model year, make, model, serial number & engine test group (family code)	Has the APU been installed? (Yes or No) Date Placed In Service	
Model Year Make Model Vehicle Identification Number	Year, Make, Model & Serial Number Engine Test Group (Family Code) (1#) (4 Alpha) (3#.#) (3 Alpha)	Model Year, Make, Model & Serial Number Engine Test Group (Family Code) (1#) (4 Alpha) (3#.#) (3 Alpha)	YES MM/DD/YY (First day APU is used for work)	